

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate DAVID BARIA
Address 544 MAIN ST., BAY ST. LOUIS County HANCOCK
Telephone (Work) 228.270.0001 (Home) 228.466.0815 (Fax) 228.466.9233
Contact Name SAME Email Address dbaria@gmail.com
Office Sought _____ Political Party DEM.

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ____ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
____ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
✓ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	3900.00 + \$ 275.00	\$ 4175.00	\$ 4175.00
Total amount of disbursements \$	6016.80 + \$ 1368.74	\$ 7385.54	\$ 7385.54
Total amount of cash on hand		\$ 4937.94	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate) [Signature]

(Date) 2/3/09

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
FEB 03 2009

Secretary of State
Capitol Office

Name of Candidate or Committee DAVID BARLA
 Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: Corporation <input checked="" type="radio"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>A T & T MISSISSIPPI PAC</u>		<u>9/30/08</u>	\$ <u>500</u>
Mailing Address <u>175 E. CAPITOL ST.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
B. Source: Corporation <input checked="" type="radio"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>CSX TRANSPORTATION, INC.</u>		<u>11/7/08</u>	\$ <u>500.00</u>
Mailing Address <u>814 N. PRESIDENT ST.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39202</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: Corporation <input checked="" type="radio"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MISSISSIPPI MALT BEVERAGE ASS'N.</u>		<u>11/7/08</u>	\$ <u>500.00</u>
Mailing Address <u>PO BOX 1132</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39215</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: Corporation <input checked="" type="radio"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MISSISSIPPI DENTAL PAC</u>		<u>9/5/08</u>	\$ <u>300.00</u>
Mailing Address <u>2630 RIDGEWOOD RD.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39216</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee DAVID BARLA
 Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: Corporation <input checked="" type="radio"/> PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>CAPITOL ADVOCACY GROUP PAC</u>	<u>10/13/08</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. BOX 217</u>	___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39205</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: Corporation <input checked="" type="radio"/> PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MISSISSIPPI POWER CO. STATE PAC</u>	<u>10/15/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 4079</u>	___/___/___	\$
City, State, Zip Code <u>GULFPORT, MS 39502</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: Corporation <input checked="" type="radio"/> PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MISSISSIPPI INDEPENDENT RX PAC</u>	<u>10/23/08</u>	\$ <u>500.00</u>
Mailing Address <u>4209 LAKELAND DR., STE. 399</u>	___/___/___	\$
City, State, Zip Code <u>FLOWOOD, MS 39232</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: Corporation <input checked="" type="radio"/> PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>DUPONT</u>	<u>9/24/08</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. BOX 80040</u>	___/___/___	\$
City, State, Zip Code <u>WILMINGTON, DE 19830</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee DAVID BARIA
 Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: Corporation <input checked="" type="radio"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>ENPAC MISSISSIPPI</u>		<u>2/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1640</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39215</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: Corporation <input checked="" type="radio"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>ASTRA ZENECA</u>		<u>7/21/08</u>	\$ <u>400.00</u>
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>400.00</u>
C. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		___/___/___	\$
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		___/___/___	\$
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee DAVID BARIA
 Reporting period 1/1/08 through 12/31/08

ITEMIZED DISBURSEMENTS

A. Full name <u>HANCOCK COUNTY DEMOCRATIC PARTY</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/18/08</u>	\$ <u>500</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name <u>PASS CHRISTIAN CHAMBER</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>2/13/08</u>	\$ <u>250.00</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
C. Full name <u>ROCKIN THE GLOBE / ST. STANISLAUS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>2/13/08</u>	\$ <u>750.00</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>750.00</u>
D. Full name <u>BILOXI EXPRESS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>2/16/08</u>	\$ <u>400.00</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>400.00</u>
E. Full name <u>MOUNT ZION METHODIST EPISCOPAL</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>2/26/08</u>	\$ <u>100.00</u>
City, State, Zip Code	<u>3/17/08</u>	\$ <u>200.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
F. Full name <u>RECYCLE HANCOCK</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>4/7/08</u>	\$ <u>200.00</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee DAVID BARRIA
Reporting period 1/1/08 through 12/31/08

ITEMIZED DISBURSEMENTS

A. Full name <u>MEF MISSISSIPPI ECONOMIC FORUM</u>	Date (Mo., Day, Year) <u>4/23/08</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>
B. Full name <u>CRANE CREEK BAPTIST CHURCH</u>	Date (Mo., Day, Year) <u>7/2/08</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>
C. Full name <u>AD LIB</u>	Date (Mo., Day, Year) <u>8/25/08</u>	Amount of each disbursement this period \$ <u>521.00</u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>521.00</u>
D. Full name <u>HANCOCK COUNTY CHAMBER</u>	Date (Mo., Day, Year) <u>8/25/08</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>
E. Full name <u>COAST CONSERVATION ASS'N.</u>	Date (Mo., Day, Year) <u>10/1/08</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>
F. Full name <u>FOX WEB COMPANY</u>	Date (Mo., Day, Year) <u>10/27/08</u>	Amount of each disbursement this period \$ <u>195.00</u>
Mailing Address		
City, State, Zip Code	<u>11/5/08</u>	\$ <u>700.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>895.00</u>

Name of Candidate or Committee DAVID BARIAT
Reporting period 1/1/08 through 12/31/08

ITEMIZED DISBURSEMENTS

A. Full name <u>STEVEN BURRELL</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>10/31/08</u>	\$ <u>155.00</u>
City, State, Zip Code	<u>11/10/08</u>	\$ <u>225.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>11/14/08</u>	\$ <u>200.00</u>
City, State, Zip Code	<u>12/5/08</u>	\$ <u>325.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>12/15/08</u>	\$ <u>80.00</u>
City, State, Zip Code	<u>12/17/08</u>	\$ <u>190.80</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>12/24/08</u>	\$ <u>90.00</u>
City, State, Zip Code	<u>12/26/08</u>	\$ <u>135.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1400.80</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$